

L24.000236329

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

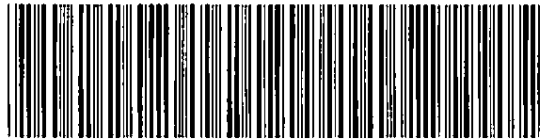
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600439045196

11/05/24--01007--015 \*\*25.00

FILED  
2024 NOV -5 PM 4: 29  
TALLAHASSEE, FLORIDA

# Rosales Lopez

ATTORNEYS AT LAW

SENDER'S NAME: MAX A. LOPEZ, ESQ.  
SENDER'S EMAIL: MLOPEZ@DTMIAMILAW.COM

October 29, 2024

Amendment Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Sent via U.S. Priority Mail*

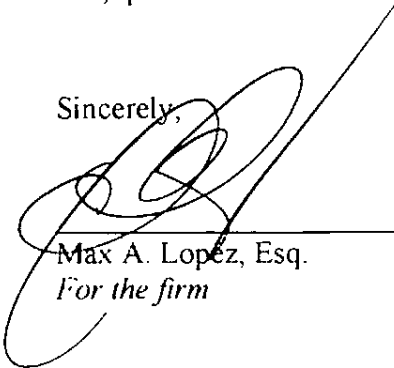
**Re: Articles of Amendment for Document No: L35000236329**

To Whom It May Concern:

The undersigned represents the Corporation in the above-captioned matter. We are submitting the attached Articles of Amendment to change the Corporation's Zip-code from 33045, to 33054. Please see enclosed Check No. 1082, in the amount of \$25.00 for the required filing fee.

If you require anything further from our end, please do not hesitate to contact the undersigned.

Sincerely,



Max A. Lopez, Esq.  
*For the firm*

MAL/aa  
*Enclosures*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STANEK STUDIOS**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STANEK, KATHERINE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

600 NE 27th Street, Unit 1404

\_\_\_\_\_  
Address

Miami, FL 33137

\_\_\_\_\_  
City/State and Zip Code

kstaneck@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STANEK, KATHERINE

609 315-8048

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

STANEK STUDIOS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 NOV -5 PM 4:29

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/21/2024 and assigned  
Florida document number 1.24000236329.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2099 NW 141 STREET

UNIT 1

OPA-LOCKA, FL 33054

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2099 NW 141 STREET, UNIT 1

*Enter Florida street address*

OPA-LOCKA

*City*

Florida 33054

*Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	STANEK, KATHERINE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2099 NW 141 ST, UNIT 1, OPA-LOCKA, FL 33054	<input checked="" type="checkbox"/> Change
AMBR	STANEK, ERIC J		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2099 NW 141 ST, UNIT 1, OPA-LOCKA, FL 33054	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2024 NOV -5 PM 4:29  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 29, 2024



\_\_\_\_\_  
Signature of a member or authorized representative of a member

KATHERINE STANEK

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00